



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/20/2005

Business ID: 394632

William M. Gardner

Secretary of State

SCOTT LARRO LOSS CONTROL SERVICE, INC.

141 JENNISON ROAD  
MILFORD , NH 03055

ADDRESS OF PRINCIPAL OFFICE:

141 JENNISON ROAD  
MILFORD , NH 03055

REGISTERED AGENT AND OFFICE:

JAMES R TRAVIS  
8 TOWN FARM ROAD  
NEW BOSTON , NH 03070

ENTITY TYPE: CORPORATION

BUSINESS ID: 394632

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 100005520

INSURANCE LOSS CONTROL SURVEYS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

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The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES SCOTT D. LARRO  
STREET 141 JENNISON RD.  
CITY/STATE/ZIP MILFORD, NH 03055

V-PRES JILL A. LARRO  
STREET 141 JENNISON RD.  
CITY/STATE/ZIP MILFORD, NH 03055

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME SCOTT D. LARRO  
STREET 141 JENNISON RD.  
CITY/STATE/ZIP MILFORD, NH 03055

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

SCOTT D. LARRO

Please print name and title of signer:

SCOTT D. LARRO

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529